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AUTHOR	Barrett, Joan
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ABSTRACT

Efforts to fight drug abuse must occur in the schools, as well as in homes and the community, since schools provide one major influence in transmitting values, standards, and information to children. This digest discusses the extent of drug abuse among youth, why drug abuse occurs, the effects of drug abuse, what schools can do to combat the problem, some promising prevention programs, what teachers and principals can do, and future needs. (JD)

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DRUG ABUSE: PREVENTION STRATEGIES FOR SCHOOLS

ERIC Digest #17

Joan Barrett

U.S. DEPARTMENT OF EDUCATION
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CLEARINGHOUSE ON TEACHER EDUCATION

ERIC DIGEST 17

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Drug Abuse: Prevention Strategies for Schools

Drugs threaten our nation's youth. The average age of initial marijuana use has dropped to 11 (Towers 1987). During a 30-day period in 1985, 65 percent of high school seniors drank alcohol, 30 percent used marijuana, 15 percent took an illicit drug other than marijuana, and 7 percent snorted cocaine (Tarlov et al. 1986). Drug abuse can lead to physical problems, emotional damage, and a decline in educational achievement and productivity. Efforts to fight drug abuse must occur in the schools since they provide a major influence in transmitting values, standards, and information to children (U.S. Department of Education 1986). This digest discusses the extent of drug abuse among youth, why drug abuse occurs, the effects of drug abuse, what schools can do to combat the problem, prevention programs, what teachers and principals can do, and future needs.

Extent of Drug Abuse Among Youth

Teenage drug use in the United States is the highest of any industrialized nation (U.S. Department of Education 1986). Sixty-one percent of high school seniors have used drugs. During the last decade the percentage of children using drugs by sixth grade has tripled.

Alcohol, an illegal drug for minors, represents an even more serious problem than drugs such as marijuana, cocaine, and amphetamines (*Education Week* 8 October 1986). The average age for beginning alcohol consumption is 12, and approximately 20 percent of U.S. high school students drink alcohol daily (Towers 1987).

All communities throughout the United States, urban and suburban, show a high use of illicit drugs (U.S. Department of Education 1986). More males use drugs than females, but the gap between the two has become smaller.

Why Drug Abuse Occurs

Studies show peer pressure plays the largest role in causing children to begin using drugs (Englander-Golden 1984; Towers 1987; U.S. Department of Education 1986). Acceptance by peers becomes especially important when children leave elementary school and begin junior high. At this critical age, "adolescents seem to be either unwilling or unable to successfully resist peer pressure in substance abuse situations" (Englander-Golden 1984).

Other reasons for taking drugs include the constant exposure to our chemical society of pills and liquor through ads, movies, and television; a need to experiment; rebelliousness; and low self-esteem. Often simple pleasure serves as a motive. The user may feel good after taking drugs but may be unable to enjoy activities such as hobbies and sports (Towers 1987).

Effects of Drug Abuse

Drugs produce many effects, including distortions of memory, perceptions, and sensation (U.S. Department of Education 1986). For example, cocaine and amphetamines give users a false sense of performing at a high level when on the drug. So-called designer drugs, chemical variations of illegal drugs, have caused brain damage and death (Towers 1987).

Frequent drug users often skip school or arrive late to class (Wagner 1984). Regular marijuana users are twice as likely as their classmates to receive low grades (U.S. Department of Education 1986). Continued marijuana use can cause memory gaps and also lead to decreased physical endurance (Wagner 1984). Marijuana users often develop sinusitis, pharyngitis, bronchitis, and emphysema within a year of beginning use (Wagner 1984).

Experimenting with drugs, particularly at a young age, often leads to dependence (Towers 1987). Those dependent on drugs sometimes support their habits by stealing, selling drugs to others, and sexually prostituting themselves.

What Schools Can Do

Early intervention and prevention activities should characterize a school's drug abuse program (Towers 1987). School administrators should determine the extent of the drug problem within their jurisdiction before initiating a new intervention program. This can be accomplished by an anonymous survey of students and consultation with local law enforcement officials. Collaborative plans should be made with parents, school boards, treatment agencies, and concerned groups within the community to ensure successful programs.

The U.S. Department of Education (1986) further recommends that school officials establish clear, consistently enforced drug-use policies that specify drug offenses, consequences (including notification of police), and procedures. Security measures should be implemented to eliminate drugs from school premises and school functions. A comprehensive drug curriculum from kindergarten through grade 12 is needed. Teachers should receive appropriate training to participate in the program.

School systems generally combine two approaches to preventing drug abuse (Lachance 1985). One emphasizes discipline—what school personnel should do when drug abuse or peddling is encountered at the school. The other concerns education—instructing students about drugs and helping them develop skills and attitudes that will keep them away from drugs.

Prevention Programs

Programs popular in the 1960s and 1970s that focused only on drug information have been shown to be of questionable value (Lachance 1985). Research reviews indicate the two most promising prevention approaches are the social influences model and a strategy that emphasizes personal and social skills training (Botvin 1986). The social influences model

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teaches skills for resisting drug use. The personal and social skills approach expands the social influences model to include skills in problem solving, decision making, assertiveness, and conversation as well as strategies for reducing stress. Both approaches have led to significant reductions in cigarette smoking. Preliminary evidence suggests the approaches also work to reduce marijuana use and excessive drinking.

"Saying No" is one example of a drug abuse prevention program that emphasizes teaching students to resist peer pressure by understanding and practicing reasons for not taking drugs (Lachance 1985). The approach, targeted to sixth, seventh, and eighth graders, uses methods such as role modeling, videotaped practice, and assertiveness training to help students learn how to refuse drugs. The National Institute of Drug Abuse sponsors "Just Say No" clubs that offer booklets, pins, and T-shirts (Towers 1987). Members find the clubs give them a reason and way to say no.

What Teachers and Principals Can Do

Teachers exert a significant influence on students' attitudes, knowledge, and opinions. They can complement a school's drug abuse program by incorporating drug abuse prevention strategies into their subject at any grade level (Towers 1987). For example, teachers can structure activities that require students to consider several options before making a decision. This classroom practice will increase the students' ability to identify options in other situations. The National Institute on Drug Abuse (1980) provides prevention ideas that can be incorporated into existing junior high school curricula. Towers (1987) lists additional in-class prevention activities for all grade levels.

In addition, teachers must inform students that they disapprove of drug abuse (Towers 1987). Remaining quiet gives the impression of approval or unconcern. Students should be told that they will be reported if they come to school in possession of drugs or under their influence.

Any teacher who believes a student is abusing drugs should take action (Towers 1987). Signs that may indicate drug abuse include redness around the eyes, dramatically changed appearance such as dirty hair, dilated pupils, reduced motivation, slurred speech, short attention span, changes in school attendance, failing grades, and uncompleted assignments (Towers 1987; U.S. Department of Education 1986; Wagner 1984). The first step when suspecting drug abuse is to notify the appropriate school committee if one exists. Otherwise, the teacher should express concern to the student and to the parents, citing observed behaviors (Towers 1987). Students who have been abusing drugs should be referred to professionals for help.

Intervention strategies must be supported by the school principal (Towers 1987). Principals need to provide opportunities for teachers to meet for discussions about drug use and how they can fight the problem. They must inform students and parents that teachers have been authorized to communicate their concern. They need to have professionals available to counsel students. Finally, principals should follow up with students and/or parents after school personnel have intervened.

Future Needs

Today only 27 states have mandatory K-12 drug abuse prevention programs (National Association of State Boards of Education 1986). Most states do not collect information on the programs nor evaluate their effectiveness. The prevention models that have shown promise need further research. A data base is needed about the status and success of drug abuse prevention programs in each school so decisions can be made about allocating resources.

— Joan Barrett

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Many of the following references—those identified with an EJ or ED number—have been abstracted and are in the ERIC database. The journal articles should be available at most research libraries. The documents (citations with an ED number) are available on microfiche in ERIC microfiche collections at more than 700 locations. Documents also can be ordered through the ERIC Document Reproduction Service. Call (800) 227-3742 for price and order information. For a list of ERIC collections in your area or for information on submitting documents to ERIC, contact the ERIC Clearinghouse on Teacher Education, One Dupont Circle, NW, Suite 610, Washington, DC 20036, (202) 293-2450.

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Mary Dilworth, Director
Margaret Mann, Associate Director
Joan Barrett, Staff Writer

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